



CITY OF
TUCSON

WORK WITHOUT PERMITS COMPLAINT FORM

DEVELOPMENT SERVICES CENTER

Date_____

Property Address_____ Apt./Space #_____

Complaint Elements: _____ Building _____ Grading

Location: _____ Interior _____ Exterior _____ Front yard _____ Rear yard _____ Side yard

Description of work_____

For a Complaint to be investigated a contact name and phone number must be provided.

Complainant's Name _____ **Phone #** _____

Please Do Not Write Below This Line

Case Number _____

Assigned Inspector_____

Intake by_____

Parcel # _____

Location: _____

History_____
